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THE LEADING SOURCE FOR PERIOPERATIVE HEALTH CARE NEWS

Hail to the Chief! So, What's It Really Like to Be ASA President?

Zachary Deutch, MD, FASA Randall M. Clark, MD, FASA

This month, we will be talking with someone familiar to you all, Dr. Randall Clark, ASA Immediate Past President. Having just finished a busy year as head of our society, Dr. Clark has much insight and many interesting anecdotes about his time in office. If you are like me, you have wondered what professional and personal life changes occur and what type of interactions happen for high-profile ASA leaders, such as those on the Executive Committee, once they take office. And what position could be more high-profile than that of president? I hope you are as eager as I am to hear the thoughts and recollections of Dr. Clark.

Dr. Clark, thank you for joining us. Can you describe your professional life now that your presidential term has completed? First of all, "LOL" on the title of this piece. I can't remember any ruffles and flourishes during my year as president, but everyone always treated me very nice! After finishing the year in October, I retired

Continued on page 4

Shown here in the clouds and on oxygen in the Clark family Columbia 400.

Respiratory Syncytial Virus and Immunity Debt

Richard Simoneaux Steven L. Shafer, MD, FASA, *Editor-in-Chief*

We can't get a break! Having battled SARS-CoV-2 for the past two years, the past few months have seen health care systems facing a "tridemic" comprising COVID, respiratory syncytial virus (RSV), and influenza. The national surge in RSV has been widely documented in the media as well as the peer-reviewed literature. A recent article from the *Journal of the American Medical Association* captured

Continued on page 5

Anesthesiologists as Chief Experience Officers

D. Matthew Sherrer, MD, MBA, FASA, FAACD; Andrew D. Franklin, MD, MBA, FASA, FAACD; Nirav V. Kamdar, MD, MPP, MBA; Mitchell H. Tsai, MD, MMM, FASA, FAACD; Richard P. Dutton, MD, MBA, FASA

Don't harm me. Heal me. Hear me. For decades, health care organizations have held this high-reliability adage as the aspirational ideal for patient expectation. By reaching near Six-Sigma levels of safety, modern anesthesiologists have delivered on the first two tenets. It's time for anesthesiologists to focus on the third in both practice and leadership (*Ann Intern Med* 2005;142:756-64).

In 2018, Wazir et al. explored the relevance of patient satisfaction in the perioperative space (*Ann Intern Med* 2005;142:756-64). With both public and private payers shifting a larger proportion of health care costs to the patient, the authors noted that patients have naturally shifted mindsets toward that of an active consumer. Anesthesiologists have long

Continued on page 7

SPECIAL SECTION

Medical Humanities and the Arts 14–24

Guest Editor: Audrey Shafer, MD

PERIODICALS

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Ask the Expert: Being ASA President

Continued from page 1

from the University of Colorado School of Medicine, although I do hope to continue to help my colleagues at Children's Hospital with a few days of work each month. The patients and professionals I have worked with at Children's are a true pleasure and I already miss that experience.

I hope to use my more than 40 years in medicine and leadership in other ways. I am exploring opportunities to serve on other boards of directors and might even consider returning on a part-time basis to my alma mater, the University of Colorado College of Engineering in Boulder.

What motivated you to run for president?
That's more of an interesting question than you might imagine. In the leadership lectures I give, I emphasize the importance of being what I and others call a "good follower." Any organization requires good followers to carry out the vision of the group leader. Though I have enjoyed the leadership roles I have had (leading a private practice in the middle portion of my career, subsequently leading the department at Children's Hospital Colorado, and finally serving as an ASA officer), I have also worked hard to improve things and keep the trains running on time from within my groups and departments, even if I was not in a leadership position. I have always been very satisfied with being a "good follower" because you are closer to and get to actually see the fruits of your labors.

As a long-time member of the ASA Board of Directors, I had the opportunity to develop a list of ideas that needed to be tested and possibly put into action by ASA leadership. About eight years ago, I pulled the trigger on that course of action, announcing my intention to run for ASA First Vice President in 2019, and thereby putting myself on the established path to the presidency. I had just completed an assignment for the ASA Board where we removed some governance conflicts in the ASA Bylaws. It led to a fascinating multi-hour parliamentary debate on the floor of the House of Delegates. I figured if I could survive that, throwing my hat in the ring for ASA's highest office wouldn't be so bad.

How many weeks were you away from your practice this past year, and how did your practice support you during this time? Does an individual have to take sabbatical while serving as president?
There was very little ASA travel from the middle of March 2020 until March 2022 due to the pandemic – then things exploded. I was just looking at my airline summary for 2022 and it shows 70 legs as having been flown, which does not even include the half-dozen trips I took flying our family airplane.

Drs. Randall Clark and Joy Hawkins with daughters Catherine and Victoria during the ANESTHESIOLOGY® 2021 Presidents' Reception at the Air and Space Museum in San Diego.

Members should know that ASA provides a stipend for the President, President-Elect, and First Vice President. The stipend for President "bought" a little more than half of my time from the University of Colorado School of Medicine. Nonclinical time allotted as a Professor of Anesthesiology and the liberal yet judicious use of vacation time did the rest. The pediatric cardiac anesthesia team I belonged to at Children's was very supportive. I did not feel like I was much help to them during the year, but I tried.

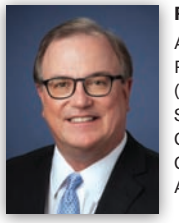
Can you recount/describe a typical workweek or workday while in office?
Each day was different. On Mondays, we had about three to four hours of Zoom calls for the Executive Committee meeting that took place that day, as well as planning for the next Monday Morning Outreach (MMO) and other scheduled meetings during the week. Paul Pomerantz, the ASA CEO, and I spoke by phone most days and had scheduled Zoom calls at least twice a week. Each day had about one to three Zoom calls for ASA business, and each evening had about the same for committees or other work.

Email and preparing or reading reports took a great deal of time. The president is an *ex officio* member of the more than 100 ASA committees and editorial boards. The committee listservs are in many ways like the circulatory system of ASA. Each officer can give ASA staff a list of the committees he or she wants to monitor. I became the ultimate "lurker" as I monitored the discussions and ideas from about two dozen committees. The creativity and energy of our members is amazing to watch.

To the horror of my wife and daughters, I am sort of an email hoarder. (I have to say there is a reason, as I have thought about using these to chronicle the activities of an officer during the four years of service on the Executive Committee.) I just checked, and I received about 50,000 ASA emails in the three years serving as First Vice President, President-Elect, and President. In that time, I also sent about 10,000 messages.

Which presidential duties did you find most rewarding?
Most state component societies have a formal meeting each year where the ASA President or another officer gives an update on the activities of our society.

Zachary Deutch, MD, FASA
Associate Professor of Anesthesiology, University of Florida College of Medicine-Jacksonville, Jacksonville, Florida.



Randall M. Clark, MD, FASA
ASA Immediate Past President, Professor of Anesthesiology (Retired), University of Colorado School of Medicine, and Pediatric Cardiac Anesthesiologist, Children's Hospital Colorado, Aurora, Colorado.

Attending these meetings and interacting with a huge number of members was really the best part of being president. Nothing compares to hearing from people in these relaxed and informal conversations.

I do have to laugh at the "celebrity" aspect of it. More than once I would be riding in an elevator and someone would ask, "Aren't you the ASA President?" My usual response was, "Yes. God help us."

I must acknowledge our wonderful ASA staff, especially the senior staff. Anything an ASA President accomplishes is because of them. They certainly made me look better than I have a right to.

Which duties did you find most onerous?
I can't think of anything in my experience that I would consider a burden. The most difficult aspect was receiving the occasional email where I or the ASA failed to meet a member's expectations. Fortunately, that was very rare.

Do you think a one-year term as president is too short, just right, or even too long?
Since I would do it again in a heartbeat, maybe it was too short. In reality, the four-year progression through the offices of the Executive Committee gave me ample opportunities to make a difference. But nothing compares to the experience of being president when a very large number of the important things happening in our specialty pass right before you.

What percentage of ASA members would you say you were able to interact with substantively, and how did you find those interactions?
This is a great question. I would say that I have had some form of direct interaction with several thousand members. My predecessors and I put a great deal of work into the Monday Morning Outreach, which is sent to about 40,000 members. (Sadly, some members decline email from ASA, which makes me wonder if they know what they are missing!) I hope the readers got a sense of my personality in those messages. The MMO gave me great insight into the need to be business-like but to also keep a personal touch.

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What is your proudest achievement, and what do you regret that you could not accomplish?
I was able to continue or initiate a very large number of projects in the society. These include expanding mentoring and sponsorship as well as other professional development programs, working with FAER (and others) to increase our exposure to medical students earlier in medical school, re-assessing how the Anesthesia Quality Institute can continue to improve the care we provide, and raising awareness on how we make a difference for our patients. This latter aspect takes a huge amount of time because it includes protecting anesthesia care in the VA system, rolling back pandemic-related emergency suspensions of physician supervision, and countering the endless onslaught of attacks on the practice of medicine taking place in the 50 states.

Probably no single issue occupied more time in the last year than the economics of anesthesia practice. The federal No Surprises Act has the potential to kill our specialty. Our 30-year (and as yet unrealized) goal to fix the severely broken Medicare and Medicaid payment system is the flip side of that coin. I am proud that I have been able to bring some new ideas to that fight, including looking for discrepancies between Medicare/Medicaid conversion factors and what the government pays for anesthesia services when it purchases them directly through government-employed physicians. We are also working on a novel but long-shot legal strategy on Medicare payment reform.

Any advice for ASA members contemplating higher political office in the society?
This is perfect timing as this is the subject of my "Leadership Perspectives" column in, I believe, this month's *Monitor* (see page 9). I would refer readers to that piece for detailed information on the subject.

What do you do for relaxation/wellness?
I have the best family a person could ask for, so they make wellness easy. My wife and I enjoy watching movies on the weekends and going out to dinner. I have had a lifelong love of aviation, and we have a beautiful airplane. Keeping professionally proficient and up to date on instrument flight procedures takes a fair amount of time. We look forward to more trips in the coming year, especially to visit our daughters, who have completed graduate school and are now working. I love skiing, biking, and tinkering with electronics. I am really looking forward to getting my home office unpacked and organized!

Any parting words for readers?
Serving as ASA President has been the privilege of a lifetime. There is no way for me to adequately thank the members of ASA for the experience other than to continue to try and make a positive difference when I can. Combined with the joys of taking care of pediatric patients, I have had a truly wonderful career, and I hope everyone reading this can experience even 10% of the happiness I have had. ■

Remember, I welcome feedback and any who wish to volunteer as an Expert and be a co-columnist; please reach out to me at zdeutch@yahoo.com.

In the Know: RSV
Continued from page 1

the sense of urgency among pediatricians: "This Is Our COVID" – What Physicians Need to Know About the Pediatric RSV Surge" (*JAMA* 2022;328:2096-98).

A much earlier than normal outbreak of RSV has stretched pediatric hospital resources nationwide (asamonitor.pub/3Xy4Aax). Abbasi from the University of Texas Health Science Center at San Antonio described the situation: "In a vacuum, that would probably not be the end of the world…. But it's on top of a really, really high flu season on top of a global COVID-19 pandemic. So, it's sort of this horrible three-layer ice cream cone that is putting a lot of burden on the pediatric systems in the region and nationally" (*JAMA* 2022;328:2096-98). Just as with COVID, the surge in RSV has been global (Figure 1).

What is behind this sudden surge in RSV? Some pediatricians have attributed it to "immunity debt." Nonpharmaceutical interventions like masking and social distancing implemented in 2020 and 2021 to mitigate the transmission of COVID-19 prevented the typical exposure to pathogens. As a result, children did not develop immunity to the traditional panoply of childhood infectious diseases. Instead, respiratory infections that typically would have occurred throughout 2020 and 2021 appeared as a destructive wave in 2022.

Immunity debt concept

RSV is one of the most prominent causes of lower respiratory tract infections, affecting nearly all children before the age of 2 (asamonitor.pub/3weGHbC). While RSV can cause infections among all age groups, the most severe infections typically occur in infants and young children. For most adults and older children, RSV infection does not pose a threat. However, severe infections are now increasing in the elderly and adults with comorbidities.

This concept of "immunity debt" was raised in a 2021 publication authored by the French Pediatric Infectious Disease Group, which observed that the "reduction of infectious contacts secondary to hygiene measures imposed by the pandemic may have led to a decreased immune training in children and possibly to a greater susceptibility to infections in children" (*Infect Dis Now* 2021;51:418-23). Presciently they noted that "low viral and bacterial exposures due to NPIs (non-pharmaceutical interventions) imposed by the COVID-19 pandemic raise concerns as we may witness strong pediatric epidemic rebounds once personal protection measures are lifted."

The implementation of widespread masking and handwashing during the pandemic allowed for a comparison of the RSV disease activity during the pre-pandemic seasons to those during the pandemic. Typically, RSV disease activity peaks around December. During the pandemic, there was a dearth of RSV infection, except for a surge during summer 2021 when nonpharmaceutical interventions were relaxed. As noted by Bardsley and colleagues, "the absence of RSV activity in England during the winter of 2020-21 and then atypical activity in summer 2021 was unprecedented in the modern epidemiological era, and was most likely due to the introduction and subsequent relaxation of public health non-pharmaceutical interventions to mitigate the spread of COVID-19" (*Lancet Infect Dis* 2022;S1473-3099:00525-4). An accompanying commentary noted that "immunity debt" might be "an unintended consequence of non-pharmaceutical interventions" (*Lancet Infect Dis* 2022;S1473-3099:00544-8).

This concept of immunity debt is controversial. A robust rebuttal was published by the McGill University (Canada) Office for Science and Society (asamonitor.pub/3iKMRNK). The author, Jonathan Jarry, criticized the French Pediatric Infectious Disease Group for "boldly asserting the existence of an immunity debt in children" and "opening the floodgates." As Mr. Jarry notes, following the publication by the French group, immunity debt "was being quoted in other papers and in media reports, and now we are led to believe that our immune system is just like a muscle: stop working it out and it will atrophy."

The primary criticism of immunity debt is that "…children during the pandemic were not kept in sterile bubbles. They were in contact with microorganisms from the food that they ate, the soil that they played with, and the adults in their lives." Mr. Jarry attributes the rise in pediatric RSV and other infections to nonimmune factors. "It's not just RSV that is putting kids in the hospital but respiratory enteroviruses, influenza, and parainfluenza as well. These are viruses that many children were not exposed to {during the COVID lockdowns} … and there is now a lot of catching up to do."

The only ground ceded by Mr. Jarry is that pregnant mothers may have had less exposure to RSV, which could theoretically have reduced cross-placental transfer of antibodies.

The best description of immune debt may be in George Carlin's 1999 HBO special "You Are All Diseased" (asamonitor.pub/3wb7upy). Carlin notes that nobody growing up in his New York City neighborhood ever got sick. He attributes this disease resistance to the kids swimming in raw sewage in the Hudson River "to cool off" (asamonitor.pub/3XfYfQT). Carlin's explanation of immune debt is spot on, including the logical fallacies (e.g., swimming in sewage is not a good idea).

RSV biology/pathology

Human RSV belongs to the genus *Orthopneumovirus*, which also includes

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Richard Simoneaux is a freelance writer with an MS in organic chemistry from Indiana University. He has more than 15 years of experience covering the pharmaceutical industry and an additional seven years as a laboratory-based medical chemist.

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